



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED

03 JAN 27 11 19

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
SAUNDERS	Harry	A.	548-4863
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 898900	Mililani	HI	96789-8900
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Castle & Cooke, Inc.	548-4811
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 898900	Mililani HI 96789-8900
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Harry A. Saunders	548-4863
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 898900	Mililani HI 96789-8900

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy, Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

JAN 9 '03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Richard K. Mirikitani	Assistant Secretary
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Castle & Cooke, Inc.	548-4811
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 898900	Mililani HI 96789-8900
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
(Signature of Authorizing Officer or Person Represented)	(Date)